

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden Leon Forniss
Staton Correctional Facility
P.O. Box 56
Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Angela Thornell*☐ Agent☐ Addressee

B. Received by (Printed Name)

A Thornell

C. Date of Delivery

*7-8-08*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*2:08CV 220**C & S**8/18/08*

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 2680 0003 1842 4266

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nitka Shambary
Staton Correctional Facility
P.O. Box 56
Elmore, AL 36025

A. Signature

X *Angela Thorne* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

A. Thorne

C. Date of Delivery

2-8-08

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

208CV 220

CTO

2/18/08

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from servic

7007 2680 0003 1842 4259